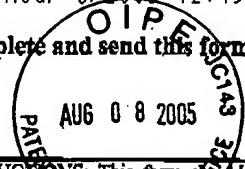


AUG. 8 2005 12:45PM

MOFO 28TH FL B - FEE(S) TRANSMITTAL

NO. 511 P. 3



Complete and send this form, together with applicable fee(s), to: Mail

Mall Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless otherwise directed in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notwithstanding.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 05/12/2005

Note: A certificate of mailing can only be used for domestic mailings of fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Robert E. Scheid
 Morrison & Foerster LLP
 425 Market Street
 San Francisco, CA 94105-2482

08/09/2005 TBESHAW2 00000022 031952 10075840

Certificate of Mailing or Transmission
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Janet Hollrah	(Depositor's name)
<i>Janet N. Scheid</i>	(Signature)
August 8, 2005	

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 9.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/075,840	02/13/2002	Ken Anderson	495812001400	9040

TITLE OF INVENTION: INTEGRATED READING AND WRITING OF A HOLOGRAM WITH A ROTATED REFERENCE BEAM POLARIZATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
-------------	--------------	-----------	-----------------	------------------	----------

nonprovisional	YES NO	\$700- \$1400	\$300	\$1000- \$1700	08/12/2005
----------------	--------	---------------	-------	----------------	------------

EXAMINER	ART UNIT	CLASS-SUBCLASS
JUBA JR, JOHN	2872	359-035000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- MORRISON & FOERSTER LLP
 1 _____
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
 INPHASE TECHNOLOGIES, INC.(B) RESIDENCE: (CITY and STATE OR COUNTRY)
 LONGMONT, COLORADO 80501Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- | | | |
|--|----------|--|
| <input checked="" type="checkbox"/> Issue Fee | \$1,400. | <input type="checkbox"/> A check in the amount of the fee(s) is enclosed. |
| <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) | 300. | <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. |
| <input checked="" type="checkbox"/> Advance Order - # of Copies 3x\$3 | 9. | <input type="checkbox"/> The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 03-1952 (enclose an extra copy of this form). |
| \$1,709.00 | | |

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date August 8, 2005

Typed or printed name Robert E. Scheid

42,126

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

BEST AVAILABLE COPY